

He also reported no data on the association between mentholated cigarette use and other medical disorders, and stressed the need to increase research in this field, especially around cardiovascular disease.

Jed Rose, from Duke University, led off the smoking initiation panel with a presentation of the sensory qualities and reinforcing effects of mentholated cigarettes. Robin Mermelstein, from the University of Illinois at Chicago, reported on interviews with white youth that suggested that this group was taking up menthols in an attempt to be like their African-American counterparts. She also presented data on web sites encouraging youth to start their smoking careers with menthol brands.

Jack Henningfield, from Pinney Associates, opened the biochemistry and physiology panel with a series of questions, such as whether menthol might alter the addiction potential of cigarettes or exert pharmacologic effects that increase the reinforcing effects of nicotine as acetaldehyde does? Neil Benowitz, from UCSF, gave a presentation on the pharmacology of menthol and identified mechanisms by which menthol cigarette smoking could increase lung cancer risk. There may be greater intensity of smoking because of the cooling effects of the menthol; there could be greater absorption of smoke toxins owing to effects of menthol on cell permeability; menthol may alter the metabolism of nicotine, in turn affecting the intake of tobacco smoke; and it may enhance tobacco's addictiveness. Benowitz ended by reporting on a small study in which menthol cigarettes had no effect on blood nicotine concentrations, the amount of nicotine taken in while smoking, and blood carboxyhemoglobin levels. Conversely, he found that menthol cigarette smoking significantly lowered the clearance of nicotine and inhibited glucuronide conjugation of nicotine.

Karen Ahijevych, from Ohio State, presented evidence that smoking menthol cigarettes results in increased levels of carbon monoxide and cotinine. Bridgette Garrett, from the CDC, reviewed what the Tobacco Industry knows about menthol as a cigarette additive. Greg Connelly, Director of the Massachusetts Tobacco Control Program, described the activities in his state to regulate tobacco additives, including menthol.

Scott Leischow, from the Tobacco Research Branch of NCI, summarized the conference, eliciting suggestions for increasing research on mentholated tobacco products. He announced that the NCI would publish the conference proceedings and make them available to both researchers and the major funders of tobacco control research.

Planning Committee: Jesse W. Brown, Pamela I. Clark, Mirjana Djordjevic, Peebles Fagan, Phillip S. Gardiner, Bridgette Garrett, Karen Gerlach, Deirdre Lawrence, Scott J. Leischow, Helen Lettlow, Robert G. Robinson, and Charyn D. Sutton.

OVE FERNO AWARD

Martha M. Faraday, Ph.D., was the winner of the 2002 Ove Ferno Award for Innovative Research for her proposal entitled, "Nicotine's Antidepressant Actions in Depression-Sensitive and Depression-Resistant Female Rats." Dr. Faraday graduated Phi Beta Kappa from the College of William and Mary in 1982 with a double-major B.A. in Government and English. During the 1980s, she worked for the Federation of American Societies for Experimental Biology (FASEB) and the American Society for Cell Biology (ASCB) as legislative liaison and public affairs officer. In 1994, she entered the doctoral program of the Department of Medical and Clinical Psychology at the Uniformed Services University of the Health Sciences in Bethesda, MD and joined the laboratory of Neil E. Grunberg, Ph.D. She received her Ph.D. in Medical Psychology in 2000 with an emphasis on stress, nicotine, quantitative methods, and statistical analysis. In 2000, she was appointed an assistant professor at the Uniformed Services University in the departments of Medical and Clinical Psychology; Anatomy, Physiology, & Genetics; and Program of Neuroscience. Her research has won poster citation awards from the Society of Behavioral Medicine (1999) and the American Psychosomatic Society (2001). Dr. Faraday is a member of the Society for Research on Nicotine and Tobacco, the American Psychological Association, and the American Psychosomatic Society. She serves as an *ad hoc* reviewer for *Nicotine & Tobacco Research*, *Pharmacology Biochemistry & Behavior*, and *Addiction*.

25 Proposals from the *Working Group on Tobacco Risk Reduction* (Paris, 2002)

Proposals concerning product modification:

1. Modify smoking machine standards to more closely reproduce the behaviour of smokers.
2. Increase the number of chemical parameters measured by adding benzene, formaldehyde, cyanhydric acid, and the two most carcinogenic nitrosamines, NNN and NNK.
3. Obtain statements from the manufacturers of all ingredients in each brand of cigarettes.
4. Begin a process towards a total ban on additives, starting with an immediate ban on added ammonia.
5. Decrease the level of the known carcinogenic nitrosamines NNN and NNK in tobacco smoke in all tobacco products on the market.
6. Increase the fixed tax on tobacco products.
7. Raise the level of taxation to the highest observed rates in the European Union.
8. Ban all appellations that could mislead the consumer, such as "light" and "mild."
9. Standardise the presentation of units of packaging (generic packaging).
10. Improve health warnings by including a requirement that they address the product and not the behaviour ("Cigarettes kill," not "Smoking kills"), and placing them on the upper portion of the package sides, accompanied by images.
11. Add information on the package about smoke content of formaldehyde, benzene, cyanhydric acid, and the nitrosamines NNN and NNK.
12. Add a message urging stopping smoking with a telephone number to call for help in cessation.

Proposals concerning reduction of tobacco consumption:

13. Continue efforts to improve the efficacy and effectiveness of smoking cessation techniques.
14. Facilitate the utilisation of nicotine replacement for temporary cessation.
15. Allow the possible extended use of nicotine replacement in patients with chronic diseases, in two conditions: to maintain cessation and avoid relapse, and to aid decreased daily tobacco consumption, under medical surveillance, among patients whose chronic disease is aggravated by continued tobacco use, and whose cessation attempts have failed.
16. Evaluate reduction of risk by decreased tobacco consumption with the aid of nicotine replacement devices initially among patients with chronic conditions aggravated by tobacco use (chronic bronchitis, coronary artery disease, arteritis) who were unable to stop smoking, over a fixed period of time (between six months and one year). The high rate of complications and their severity should permit a rapid response. Only products that are controlled legally and through pharmacological regulation can be used.
17. Validate the role of markers of tobacco use risk.
18. Undertake as soon as possible epidemiological and clinical research on the consequences of reduced consumption among smokers not suffering a chronic illness. Any effects must occur sufficiently rapidly and demonstrably, or else their impact will be considered too limited for risk reduction to become part of public health policy.
19. Undertake studies about smokers' attitudes and behaviours.

Proposals concerning the organisation of public health:

20. Reinforce the means available to concerned ministerial structures, particularly the Ministry of Health.
21. Reinforce the means available to concerned public agencies working in inter-ministerial coordination within the MILDIT (Inter-Ministerial Mission to Fight Drug Use and Addiction).
22. Reinforce the means available for public research by developing laboratories for the study of tobacco smoke and the analysis of the biological effects of the constituents of tobacco smoke, assuring human studies on the biological consequences of tobacco use and regularly monitoring the evolution of the market according to the brand and the product.
23. Reinforce the means available for organisations involved in tobacco control. The WHO proposes that 1% of all tobacco taxes should be dedicated to tobacco control.
24. Apply legislative and regulatory measures for the protection of non-smokers in public and work places, which promotes temporary and definitive cessation.
25. Support efforts to coordinate and harmonise tobacco control throughout the European Union and the European Region of the WHO. The implication of national agencies regulating medications and of national experts allows for progress in knowledge and more rapid evolution in decision-making, as shown by the partnership programme of the European Office of the WHO to reduce tobacco dependence.